

CHAMBERS COUNTY HIGHWAY DEPARTMENT

APPLICATION FOR TURNOUT FOR PRIVATE ENTRANCE

NAME: _____ DATE: _____

PHYSICAL ADDRESS: _____

LOCATION (MILES FROM NEAREST INTERESTECTION): _____

1. I hereby make formal request for a Private Entrance to County Road/Hwy. # _____.
2. If granted this turnout, I guarantee that I will not allow anything done in, connection with the maintenance of this turnout, that will cause damages to the County Road/Highway by water being turned onto the highway or filling of ditches or from any other cause.
3. I further agree to keep the turnout area clean and reasonably neat at all times and that I will not allow trash, or unsightly matter from my property, to accumulate on the right-of-way of the County Road/Highway.
4. I further agree to maintain, in a satisfactory condition, any drainage structure that may be necessary in connection with this turnout and to keep same cleaned out at all times.
5. I further agree that if, at any time, in the opinion of the Highway Department, it becomes necessary to remove this turnout, I will permit the Department or its contractors to remove and/or reconstruct my turnout and that I will not make any claim for damage whatsoever.
6. The applicant shall indemnify and save harmless the County, its officers, agents, and employees from any legal action arising out of, or caused by, the construction of this public road entrance.
7. For and in consideration of the privilege granted me of the within described turnout, I hereby agree to all the foregoing conditions.

WITNESS:

CHAMBERS COUNTY HIGHWAY DEPARTMENT

SIGNED: _____

ADDRESS: _____

TELEPHONE: _____

This turnout will be _____ feet long. Please sign the permit, making your check payable to the Chambers County Gasoline Fund, in the amount of \$ _____. Both this form and your check should be forwarded to:

CHAMBERS COUNTY HIGHWAY DEPARTMENT
 ATTENTION: AMY EDMONDSON
 P.O. BOX 650
 LAFAYETTE, AL 36862
 334-864-4359

As soon as we receive payment, a work order will be issued to install the pipe.
 This application is valid for a period of ninety (90) days.

DATE PAYMENT RECEIVED:	_____
DATE WORK ORDER WRITTEN:	_____
WORK ORDER NUMBER:	_____